

ACCIDENT PREVENTION PROGRAM ADMINISTRATIVE PLAN

Willingness to correct safety hazards detected by the Corps is commendable, but a poor substitute for a positive program that prevents or detects and corrects hazards.

1. Contractor		2. Contract Name and Number		3. Date
4. Project Superintendent		5. Shifts / day	5a. Hours / shift	5b. Maximum employees / shift
6. Superintendent's training in Corps' safety requirements				
7. Major Units of Equipment				
8. Who will inspect the equipment?		8a. Inspectors qualifications		8b. Inspection frequency?
9. Who is responsible for operators' physicals?		10. Location of all records		11. Day and hour weekly safety meeting
12. Who is responsible for employee training?			13. Who will orient new employees?	
14. Who is responsible for clean-up?			15. Where will drinking water be obtained?	
16. Who will investigate accidents?			17. Who is responsible for providing personal protective equipment?	
Name Doctors, Hospitals & Ambulance services with whom arrangements have been made for this contract.				
18. Doctors		18a. Hospital		18b. Ambulance
18c. What form of communication will be used to summon ambulance?				

19. Name of first aid attendants having certificates				19a. Type of certificates and expiration date		20. Name of U.S.C.G. licensed boat operators, type license & expiration date	
21. Fire Fighting Equipment				22. First Aid Kits		23. Wash Facilities	
No.	Rating	Type	Location	No.	Type	No.	Type
				24. Toilets			
				No.	Type		
25. What flammable or combustible liquids of gases will be on job site?							
26. Where and how will flammables and combustibles be stored?							
27. Who will be responsible for inspection and maintenance of fire fighting equipment?							
If the Company has a published statement of safety policy, please transmit a copy with the return of your Accident Prevention Program.							
On a separate sheet, submit your proposed layout of temporary buildings and facilities (including subcontractors) and traffic patterns including access roads, haul roads, R.R.'s utilities, etc.							
The _____ will pursue a positive program of training, (Company)							
Inspections and hazard control through the term of this contract. Mr. / Ms. _____							
Has the responsibility and authority for enforcing them.							
_____ Contractor's signature		_____ date		_____ C.O. or C.O.R. signature		_____ date	